

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107070937

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	2		1			
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TOTAL IND.	1		1			
TOTAL DEP.	5	←	4	←		↓
TOTAL CLAIMS	6	████████	5	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.		←	←		↓	↓
TOTAL CLAIMS	6	████████	5	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS